

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$5,057.40 for dates of service, commencing on 08/13/01 and extending through 04/09/02.
- b. The request was received on 07/02/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Letter to Compliance & Practice Division of TWCC, dated 06/12/02
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and/or Response to a Request for Dispute Resolution
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Carrier computer payment printout
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 07/26/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 07/30/02. The response from the insurance carrier was received in the Division on 08/12/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter undated

“In accordance with TWCC rules, please limit the reasons for denial in your review to the reasons raised prior to the request for medical dispute resolution, this provides us as the healthcare provider the opportunity to respond to each reason for denial. It is the carrier’s responsibility to identify denial reasons, not the responsibility of the division.”

2. Respondent: **Initial** response dated 08/12/02

“A copy of the request for medical dispute resolution, the Division’s MR-100 and MR-116 are attached as Exhibit A. The Provider’s table of disputed issues identifies disputes regarding dates of service from August 13, 2001 through April 9, 2002. However, the Division’s MR-100 and MR-116 identify the disputed dates of services to include August 13, 2001 through August 21, 2001. Therefore, Carrier will only respond to those dates in dispute identified by the Division. If the Division will be addressing dates of service beyond those dates identified on the MR-100 and MR-116, then Carrier respectfully requests the opportunity to respond to those additional dates identified by the Division.”

Second response, dated 12/02/02, after receipt of updated table of disputed services from the Requestor:

“Carrier has previously responded to this dispute on 10/15/02. Carrier received a new table of disputes on December 2, 2002 listing additional dates of service that are in dispute from August 13, 2001 through August 21, 2001 and December 31, 2001 through January 31, 2002. ...For new dates of service from August 31, 2001 through January 31, 2002, Provider did not provide the information required by Rule 133.307 (e) and (g). Specifically, Provider did not submit a TWCC-60, EOB’s, copies of the bills submitted to Carrier for reconsideration, or documentation showing that the services were, in fact, provided. ...For CPT Codes 99204-MP, 72040-WP, 73100-WP, 99213, 97265, 97250, 97110, 97750-MT, 95851, 97546-WH, and 97545-WH, Provider did not submit documentation to show that these services were, in-fact, provided and were medically necessary. None of the test results were provided. None of the workhardening requirements were met showing the beginning and ending times, the activities performed, claimant’s progress through the program, the treatment plan showing how the program is designed to assist claimant’s return to her specific job, that the program is interdisciplinary, or the other requirements identified in the medical ground rules of the Medical Fee Guideline. Thus, Provider is not entitled to the reimbursement sought. Carrier maintains its position as outlined in the original response.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 08/13/01 and extending through 04/09/02. Dates of service, 08/13/01, 08/21/01, 09/13/01, 12/13/01, 01/09/02 and 01/22/02 will be addressed in the Dismissal section of this Findings and Decision.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor's Table of Disputed Services, the Requestor billed the Carrier \$3,976.60 for services rendered on the remaining dates above.
4. Per the Requestor's Table of Disputed Services, the Carrier paid the Requestor \$0.00 for services rendered on the remaining dates.
5. The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for reconsideration. Additionally, the Carrier, on EOBs that were received, gave no denial.
6. The Provider requested investigation by the Compliance & Practice Division for the Carrier's non-response to their request for reconsideration.
7. Per the Requestor's Table of Disputed Services, the amount in dispute is \$3,976.60 for services rendered on the remaining dates of service in dispute above.
8. The Requestor has not used modifier "AP" to indicate accreditation by CARF; therefore, the hourly reimbursement for the program will be reduced by 20% below the maximum allowable reimbursement in accordance with the Medical Fee Guideline.
9. The Carrier has filed a TWCC 21 stating the compensable injury for date of injury, ____ is to the left hand/wrist only. Carrier further states the injury on ____ does not involve any other part of the body.
10. There are no Benefit Review Conferences scheduled to address the Carrier's TWCC 21.
11. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/14/01	99213	\$48.00	\$0.00	No EOB	\$48.00	TWCC Rule	The Requestor states they did not receive an EOB for some of the dates of service. The Carrier did not respond to the provider's request for reconsideration. Additionally, the Carrier, on EOBs that were received, gave no correct payment exception code.
08/14/01	97265	\$43.00	\$0.00	No EOB	\$43.00	133.304 (c)	
08/14/01	97250 59	\$43.00	\$0.00	No EOB	\$43.00	MFG MGR (I)	TWCC Rule 133.304 states "At the time an insurance carrier makes payment or denies payment on a medical bill, the insurance carrier shall send, in the form and manner prescribed by the Commission, the explanation of benefits to the appropriate parties. The explanation of benefits shall include the correct payment exception codes required by the Commission's instructions, and shall provide sufficient explanation to allow the sender to understand the reason(s) for the insurance carrier's action(s)." The Carrier did not respond to the Requestor's request for reconsideration and EOBs received by the Requestor do not address or support their denial for this service. The Carrier has not supported their denial in accordance with TWCC Rule 133.304 (c). Reimbursement of \$3,976.60 is recommended..
08/14/01	97110	\$105.00	\$0.00	No EOB	\$35.00/15 mins	(9) (c) and (II)	
01/03/02	97545 WH	\$102.40	\$0.00	No Denial Code	\$51.20/hr Non-CARF	(C) (E); CPT Descriptor	
01/03/02	97546 WH	\$256.00	\$0.00	No Denial Code			
01/04/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/04/02	97546 WH	\$153.60	\$0.00	No Denial Code			
01/08/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/08/02	97546 WH	\$307.20	\$0.00	No Denial Code			
01/10/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/10/02	97546 WH	\$204.80	\$0.00	No Denial Code			
01/11/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/11/02	97546 WH	\$204.80	\$0.00	No Denial Code			
01/14/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/14/02	97546 WH	\$102.40	\$0.00	No Denial Code			
01/17/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/17/02	97546 WH	\$153.60	\$0.00	No Denial Code			
01/23/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/23/02	97546 WH	\$204.80	\$0.00	No Denial Code			
01/25/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/25/02	97546 WH	\$204.80	\$0.00	No Denial Code			
01/28/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/28/02	97546 WH	\$307.20	\$0.00	No Denial Code			
01/30/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/30/02	97546 WH	\$153.60	\$0.00	No Denial Code			
01/31/02	97545 WH	\$102.40	\$0.00	No Denial Code			
01/31/02	97546 WH	\$256.00	\$0.00	No Denial Code			
Totals		\$3,976.60	\$0.00				The Requestor is entitled to reimbursement in the amount of \$3,976.60 .

The above Findings and Decision are hereby issued this 5th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **\$3,976.60** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 5th day of December 2002.

Carolyn Ollar
Supervisor - Medical Dispute Resolution Officer
Medical Review Division

CO/dt

VI. Dismissal

Under the provisions of Section 413.031 of the Texas Worker's Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective January 1, 2002 and Commission Rule 133.307 (Titled Medical Dispute Resolution of a Medical Fee dispute), a dispute resolution review was conducted by the Medical Review Division regarding a medical payment dispute between the requestor and the respondent named above. Dates of service, 08/13/01, 08/21/01, 09/13/01, 12/13/01, 01/09/02 and 01/22/02, are being dismissed. This dismissal does not constitute a decision on these dates of service.

A review by the Medical Review Division has determined the following:

1. The carrier in this claim has raised a dispute regarding the compensability, the liability, or the extent of injury. There has been no final adjudication of the disputed issue (s).
2. On 02/19/02, the Carrier filed a TWCC 21 stating the compensable injury for date of injury, ____ is to the left hand/wrist only. Carrier further states the injury on ____ does not involve any other part of the body. Progress notes submitted by the Requestor for dates of service, 08/13/01, 08/21/01, 09/13/01, 12/13/01, 01/09/02 and 01/22/02 indicate healthcare services have been provided to non-compensable or unrelated areas.
3. The insurance carrier is not liable for payment of healthcare for non-compensable or unrelated injuries unless that dispute has been finally decided through the Commission's benefit dispute resolution process in favor of the injured worker.
4. Accordingly, the dispute is dismissed until there is final adjudication (determination) of the compensability or extent of injury dispute.

To be notified of the final outcome of the dispute or to initiate the benefit dispute resolution process, a health care provider must be established as a subclaimant. For assistance in establishing subclaimant status, please contact the Commission's Field Office located nearest the injured employee's residence.

Upon final decision of the compensability or extent of injury dispute, it is your responsibility as the requestor of medical dispute resolution to contact the Commission's Medical Dispute Resolution department to resume the process of resolving the medical dispute. Please provide a copy of this dismissal and evidence of a final decision from the Commission's benefit dispute resolution process, which may include a Benefit Review Conference agreement, a Contested Case Hearing or an Appeal Panel decision that clearly shows that the compensability or extent of injury dispute has been resolved. In the event that the compensability or extent of injury issue is not resolved within one (1) year from the date (s) of service in medical dispute, the date the Commission received your initial request for Medical Dispute Resolution (TWCC-60) will be used to determine compliance within the one-year timeframe.

MDR: M4-02-4154-01

It is the conclusion of the Medical Review Division that this case be dismissed without any additional action being taken at this time.

This Order is hereby issued this 5th day of December 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt